

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/599669	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					51							
2	1					52							
3	2					53							
4	3					54							
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45						95							
46						96							
47						97							
48						98							
49						99							
50						100							
TOTAL IND.	1	↓		↓		↓							
TOTAL DEP.	14	←	←	←	←								
TOTAL CLAIMS	15	████████	████████	████████	████████	████████	████████	████████	████████	████████	████████	████████	